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CONFIRMATION NO. 2530

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|--|---|-------------------------------|---|---|
| SERIAL NUMBER 10/775,000 | FILING OR 371(c) DATE 02/09/2004 RULE | CLASS 040 | GROUP ART UNIT 3611 | ATTORNEY DOCKET NO. D546.5.1CIP |
| APPLICANTS James E. Cullinan, Columbus, OH; | | | | |
| ** CONTINUING DATA ***** <i>yes</i> This application is a CIP of 10/158,698 05/30/2002 PAT 6,688,025 which claims benefit of 60/295,076 05/31/2001 | | | | |
| ** FOREIGN APPLICATIONS ***** <i>None</i> | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 05/05/2004 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i> <i>Gr H</i> Verified and Acknowledged Examiner's Signature _____ Initials _____ | | STATE OR COUNTRY OH | SHEETS DRAWING 7 | TOTAL CLAIMS 17 |
| INDEPENDENT CLAIMS 1 | | | | |
| ADDRESS 27734 | | | | |
| TITLE Menu system | | | | |
| FILING FEE RECEIVED 403 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |